ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Community Hospital of Indiana East

Year: 2004 City: Indianapolis Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue					
Inpatient Patient Service Revenue	\$195,301,131				
Outpatient Patient Service Revenue	\$234,114,720				
Total Gross Patient Service Revenue	\$429,415,851				
2. Deductions from R	evenue				
Contractual Allowances	\$135,454,841				
Other Deductions	\$74,288,247				
Total Deductions	\$209,743,088				
3. Total Operating Revenue					
Net Patient Service Revenue	\$219,672,763				
Other Operating Revenue	\$40,764,828				

4. Operating Expenses				
Salaries and Wages	\$85,024,635			
Employee Benefits and Taxes	\$14,896,469			
Depreciation and Amortization	\$13,646,598			
Interest Expenses	\$5,206,414			
Bad Debt	\$19,672,019			
Other Expenses	\$124,440,319			
Total Operating Expenses	\$262,886,454			
5. Net Revenue and Ex	penses			
Net Operating Revenue over Expenses	(\$2,448,863)			
Net Non-operating Gains over Losses	\$2,782,377			
Total Net Gain over Loss	\$333,514			

Total Operating Revenue	\$260,437,591

6. Assets and Liabilities				
Total Assets	\$299,553,230			
Total Liabilities	\$113,981,575			

Statement Two: Contractual Allowances						
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue			
Medicare	\$198,716,995	\$132,614,538	\$66,102,258			
Medicaid	\$40,789,769	\$32,962,995	\$7,826,774			
Other State	\$0	\$0	\$0			
Local Government	\$0	\$0	\$0			
Commercial Insurance	\$189,909,086	\$44,165,555	\$145,743,531			
Total	\$429,415,851	\$209,743,088	\$219,672,763			

Statement Three: Unique Specialized Hospital Funds						
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment			
Donations	\$364,360	\$0	\$364,360			

Educational	\$4,458,656	\$7,489,595	(\$3,030,939)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$112,000	\$112,000	\$0

Number of individuals estimated by this hospital that are involved in ed	ucation
Number of Medical Professionals Trained In This Hospital	208
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County	Marion	Community	Marion, Hamilton, Hancock, Johnson, Shelby, and
Location		Served	Morgan Counties

Hospital Mission Statement

"With caring and compassion, we continually strive to improve the health and well being of those individuals in central Indiana who entrust their care to us.".

Unique Services Type of Initiatives Document Available
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Medical Research	Yes	Disease Detection	Yes	Community Plan	YES
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Professional Education	Yes	Practitioner Education	Yes	Annual Statement	YES
Community Education	YFS	Clinic Support	YFS	Needs Assessment	2001
Community Education		ennie Support		1 (Ceds 7 (Sessificine	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	12,426	12,717	NR
Charity Care Allocation	(\$1,562,896)	(\$1,960,151)	(\$1,377,694)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
School Health Clinics	(\$103,378)
Family Practice and Maternity Care Center	(\$189,886)
Health Promotion Services	(\$137,095)

Other Expenses	(\$24,729,940)
Subtotal	(\$24,156,299)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government	(\$22,493,456)
funded programs, and for medical education, training. 2. Community Health Education	\$0
3. Community Programs and Services	(\$25,160,035)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$47,653,491)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
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None	\$0

For further information on these initiatives, contact:

Hospital Representative: Daniel Hodgkins

Telephone number: 317/621-7636

Web Address Information: www.ecommunity.com

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
20121011	11211102020		11 (210102
1. # of FTE's	Number of Full Time Equivalents	1,270	2,262
2. % of Salary	Salary Expenses divided by Total Expenses	32.3%	36.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	166.7	251.5
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	5.4	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$3,071	\$3,873

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$17,222	\$19,185
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	54.5%	41.1%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$2,200	\$1,295
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	46.3%	40.6%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.5%	4.3%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$1,377,694)	(\$5,489,682)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	0.9%	5.9.

Notes:

- NR = Not Reported
 See Statewide Results for definitions of terms.